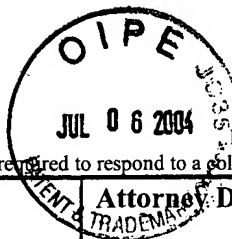


Please type a plus sign in this box:

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PTO/SB/01 (3-97)

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Patent and Trademark Office; US DEPARTMENT OF COMMERCE

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**DECLARATION and POWER OF
ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION**

Attorney Docket No.

2003-003R1

First Named Inventor

Carlson et al.

COMPLETE IF KNOWN

Application No.

10/790,956

Filing Date

March 1, 2004

Group Art Unit

1639

Examiner Name

Unknown

Confirmation No.

2161

☐ Declaration
Submitted with initial filing

☒ Declaration
Submitted after initial filing

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Evaluating Effects Of Exposure Conditions On Drug Samples Over Time

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on March 1, 2004, as United States Application Number or PCT International Application Number: 10/790,956 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number (s)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/451,463	

Please type a plus sign in this box:



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DECLARATION - Utility Or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number **22905**

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label Here

Name	Registration Number	Name	Registration Number
Ronald A. Krasnow	33,321		
Paul A. Stone	38,628		
James H. Ackley	45,695		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to ☒ Customer Number **22905** or ☐ Correspondence Address below

Name			
Address			
City, State, Zip			
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

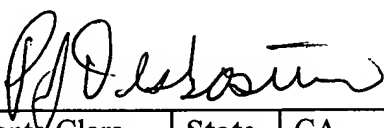
Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor


Given Name (first and middle [if any])	Family Name or Surname
Eric D.	Carlson

Inventor's Signature	Dated
	5-28-04

Residence: City	Cupertino	State	CA	Country	USA	Citizenship	USA
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City	Santa Clara	State	CA	Zip	95051	Country	USA

☐ Additional inventors are being named on the ___ supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

Name of Inventor								<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])					Family Name or Surname				
Peter J.					Desrosiers				
Inventor's Signature							Dated 6/29/2004		
Residence: City	Santa Clara	State	CA	Country	USA	Citizenship	USA		
Post Office Address	3100 Central Expressway								
City	Santa Clara	State	CA	Zip	95051	Country	USA		

Name of Inventor								<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])					Family Name or Surname				
Li					Song				
Inventor's Signature							Dated 6/1/04		
Residence: City	Santa Clara	State	CA	Country	USA	Citizenship	USA		
Post Office Address									
City		State		Zip		Country			

Name of Inventor								<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature							Dated		
Residence: City		State		Country		Citizenship			
Post Office Address									
City		State		Zip		Country			